

## Public Health Insurance Programs For New York State Residents

	Eligibility Requirements	Immigration status requirements	How and Where to Apply	Covered Family Planning/ Reproductive Health Services	Who Provides Family Planning/Reproductive Health Services
<b>Medicaid Including Child Health Plus A</b> <ul style="list-style-type: none"> <li>• Single adults, low income families, infants, and children.</li> </ul>	<ul style="list-style-type: none"> <li>• Family income/resource requirements.                             <ul style="list-style-type: none"> <li>➢ Adults age 19+: NYS income and resource levels.</li> <li>➢ Infants up to age one: at or below 200% FPL. No resource requirements.</li> <li>➢ Eligibility guaranteed up to age one.</li> <li>➢ Children age one up to age 19: at or below 133% FPL. No resource test.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• U.S. Citizen, National, Native American or an individual with satisfactory immigration status.</li> <li>• Undocumented and non-immigrants are eligible only for the treatment of an emergency medical condition (Emergency Medicaid).</li> </ul>	<ul style="list-style-type: none"> <li>• Assistance by LDSS (in NYC HRA), facilitated enrollers. (In NYC, some hospitals/community based organizations)</li> <li>• Eligibility application submitted to LDSS (in NYC HRA).</li> <li>• No presumptive eligibility.</li> <li>• Young adults if living on their own may apply as independent households.</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive, including medically necessary abortions statewide and elective abortions in NYC*<sup>1</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>• Any Medicaid provider qualified to provide family planning and reproductive health.</li> <li>• “Direct Medicaid” and managed care providers.</li> </ul>
<b>Prenatal Care Assistance Program (PCAP/ Medicaid)</b> <ul style="list-style-type: none"> <li>• Pregnant Women</li> </ul>	<ul style="list-style-type: none"> <li>• Family income at or below 200% FPL. No resource requirements.</li> <li>• Eligibility guaranteed up to 60 days postpartum.</li> </ul>	<ul style="list-style-type: none"> <li>• Pregnant women and adolescents, regardless of citizenship/ immigration status.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Presumptive Medicaid eligibility</b>/full Medicaid application completed at all qualified PE providers.</li> <li>• Full Medicaid applications submitted to LDSS (in NYC HRA).</li> <li>• Young pregnant adults may apply as independent households.</li> </ul>	<ul style="list-style-type: none"> <li>• Family incomes at or below 100% FPL comprehensive, including medically necessary abortions statewide, and elective abortions in NYC*<sup>2</sup>.</li> <li>• Family incomes from 100% up to 200% FPL pregnancy related services only, including all family planning services except abortion.</li> </ul>	<ul style="list-style-type: none"> <li>• Any Medicaid provider qualified to provide family planning and reproductive health.</li> <li>• “Direct Medicaid” and managed care providers.</li> </ul>
<b>Family Planning Extension Program (FPEP)</b>	<ul style="list-style-type: none"> <li>• Women who were pregnant on Medicaid and lose Medicaid eligibility after the 60-day post partum period.</li> <li>• No citizenship requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• Women and adolescents, regardless of citizenship/ immigration status.</li> </ul>	<ul style="list-style-type: none"> <li>• Title 10 family planning providers determine eligibility.</li> </ul>	<ul style="list-style-type: none"> <li>• All family planning services except abortion.</li> <li>• Coverage limited to 26 months after the end date of pregnancy.</li> </ul>	<ul style="list-style-type: none"> <li>• Title 10 family planning providers only until system changes are made.</li> </ul>
<b>Medicaid Family Planning Benefit Program (FPBP)</b>	<ul style="list-style-type: none"> <li>• Adult men/women with family income up to and including 200% FPL.</li> <li>• No resource test.</li> </ul>	<ul style="list-style-type: none"> <li>• U.S. Citizen, National, Native American or an individual with satisfactory immigration status.</li> </ul>	<ul style="list-style-type: none"> <li>• LDSS accept application and determine eligibility.</li> <li>• LDSS may sign MOU with family planning providers to take applications.</li> <li>• Adolescents may apply using only their own income, even if living with parents.</li> </ul>	<ul style="list-style-type: none"> <li>• All family planning services except abortion.</li> <li>• Coverage two years with a recertification option.</li> </ul>	<ul style="list-style-type: none"> <li>• Any Medicaid provider qualified to provide family planning and reproductive health.</li> <li>• “Direct Medicaid” providers only.</li> </ul>

<sup>1</sup> \*No Federal Medicaid participation.

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<b>New York State Breast and Cervical Early Detection and Screening Program</b>	<ul style="list-style-type: none"> <li>• Women 18 years of age and older</li> <li>• Income up to 250%FPL</li> <li>• Uninsured or underinsured</li> <li>• Asymptomatic for breast or cervical cancer</li> </ul>	<ul style="list-style-type: none"> <li>• Women, regardless of citizenship/immigration status, are eligible.</li> </ul>	<ul style="list-style-type: none"> <li>• Women apply and receive services at Healthy Women Partnerships throughout New York State</li> </ul>	<ul style="list-style-type: none"> <li>• Women age18-40: Annual Pap and pelvic exam; annual clinical breast exam; colposcopy, ultrasound and other diagnostic testing; annual mammogram if personal or first degree family history of breast cancer</li> <li>• Women age 40-64: Comprehensive breast and cervical cancer screenings and diagnostic testing</li> <li>• Women age 65+: Comprehensive breast and cervical cancer screenings and diagnostic testing if ineligible for or doesn't enroll in Medicare pt B</li> </ul>	<ul style="list-style-type: none"> <li>• Women apply and receive services at Healthy Women Partnership sites throughout New York State</li> </ul>
<b>New York State Breast and Cervical Cancer Treatment Program (BCCTP)</b>	<ul style="list-style-type: none"> <li>• Individuals up to 65 years of age</li> <li>• Income up to 250%FPL</li> <li>• Not covered by Medicaid or other creditable insurance</li> <li>• Patient was screened through Healthy Women Partnership</li> </ul>	<ul style="list-style-type: none"> <li>• U.S. Citizen, National, Native American or an individual with satisfactory immigration status.</li> </ul>	<ul style="list-style-type: none"> <li>• Each Healthy Women Partnership has Designated Qualified Entities (DQEs) to do enrollment into the BCCTP. DQEs assist the individual in completing the Medicaid application and do the face to face interview with the client.</li> </ul>	<ul style="list-style-type: none"> <li>• Full range of services – even services not directly related to cancer treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Women receive services at Healthy Women Partnership sites throughout New York State.</li> </ul>
<b>Family Health Plus (FHPlus)</b>	<ul style="list-style-type: none"> <li>• Uninsured Adults age 19 up to age 64.</li> <li>• Not eligible for Medicaid.</li> <li>• Gross Family Income; No resource test. <ul style="list-style-type: none"> <li>➢ Young adults (age 19 up to age 21) residing with parents and parents with children under age 21 in their households: 150% FPL.</li> <li>➢ Young adults (age 19 up to age 21) living alone and adults without children: 100% FPL.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• U.S. Citizen, National, Native American or an individual with satisfactory immigration status.</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitated enrollers and LDSS provide eligibility application assistance and assist with health plan selection.</li> <li>• Eligibility and enrollment application submitted to LDSS and NYC (HRA).</li> <li>• LDSS/HRA determines eligibility.</li> <li>• No presumptive eligibility. No retroactive eligibility.</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive, including medically necessary abortion statewide and elective abortions in NYC<sup>3</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>• Managed Care providers only.</li> <li>• For plans with family planning and reproductive health services, FHPlus network providers only.</li> <li>• For plans excluding family planning and reproductive health services, “third party contractor” providers only.</li> </ul>
<b>Child Health Plus B (CHPlus B)</b>	<ul style="list-style-type: none"> <li>• Uninsured children one month up to age 19.</li> <li>• Not eligible for Medicaid.</li> <li>• Premium subsidized for incomes at 160% to below 250% FPL. Full premium available for incomes above 250% FPL.</li> <li>• No premium below 160%.</li> </ul>	<ul style="list-style-type: none"> <li>• Children and adolescents, regardless of citizenship/immigration status.</li> </ul>	<ul style="list-style-type: none"> <li>• Eligibility and managed care enrollment assistance by facilitated enrollers and MCOs.</li> <li>• Eligibility and enrollment application submitted to facilitated enrollers.</li> <li>• 60 days presumptive eligibility application submitted without doc.</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive, including medically necessary abortion.</li> </ul>	<ul style="list-style-type: none"> <li>• Managed care providers only.</li> <li>• For plans with family planning and reproductive health, CHPlus B network providers only.</li> <li>• For plans excluding family planning and reproductive health services, “third party contractor” providers only.</li> </ul>

<sup>3</sup> \*No Federal Medicaid Participation.